

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

ADDRESS (number and street) 5850 ELIZABETH AVE  
 Check if different than previously reported. (ACC)  
ST. LOUIS MO 63110

2. **FEC IDENTIFICATION NUMBER** C00041939  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer THOMAS G SANSEVERE  
Signature of Treasurer Electronically Filed by THOMAS G SANSEVERE Date 04 07 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		125950.67
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	125950.67									
(c) Total Receipts (from Line 19) .....	39099.06	39099.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	165049.73	165049.73								
7. Total Disbursements (from Line 31) .....	43757.49	43757.49								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	121292.24	121292.24								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	37666.00	37666.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	37666.00	37666.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	37666.00	37666.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	1400.00	1400.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	33.06	33.06
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	39099.06	39099.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	39099.06	39099.06

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	42320.00	42320.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	42320.00	42320.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1437.49	1437.49
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	43757.49	43757.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43757.49	43757.49

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	37666.00	37666.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	37666.00	37666.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	42320.00	42320.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	42320.00	42320.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 27
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b>	Full Name (Last, First, Middle Initial) CITIZENS FOR MARIA CHAPPELE-NADAL		Date of Receipt
	Mailing Address 8701 DELMAR BLVD APT 4-D		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	UNIVERSITY CITY	MO	63124
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer		Occupation	Transaction ID: SA16.8130
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 125.00	<input type="text"/> 125.00
REFUND CONTRIBUTION			

<b>B.</b>	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MICHAEL BROWN		Date of Receipt
	Mailing Address PO BOX 300314		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	KANSAS CITY	MO	64130
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer		Occupation	Transaction ID: SA16.8131
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 125.00	<input type="text"/> 125.00
REFUND CONTRIBUTION			

<b>C.</b>	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MIRANDA JONES		Date of Receipt
	Mailing Address 8919 COZENS		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	JENNINGS	MO	63136
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer		Occupation	Transaction ID: SA16.8129
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 50.00	<input type="text"/> 50.00
REFUND CONTRIBUTION			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 300.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 27  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

**A.** Full Name (Last, First, Middle Initial)  
FERGUSON TOWNSHIP OPEN DEMOCRATIC CLUB

Mailing Address 202 SO ELIZABETH AVE

City State Zip Code  
FERGUSON MO 63135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: SA16.8120

Amount of Each Receipt this Period  
50.00

RETURNED CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS FOR ANN PLUEMER CAMPAIGN

Mailing Address 257 GRIMSLEY STATION

City State Zip Code  
OAKVILLE MO 63129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: SA16.8123

Amount of Each Receipt this Period  
300.00

REFUND CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF KACIE STARR TRIPLETT

Mailing Address 2621 LOUISIANA

City State Zip Code  
ST LOUIS MO 63118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: SA16.8125

Amount of Each Receipt this Period  
100.00

REFUND CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b>	Full Name (Last, First, Middle Initial) HOUSE CAPITOL DEMOCRAT INNER CIRCLE		Date of Receipt
	Mailing Address 1003 BOONVILLE RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	JEFFERSON CITY	MO	65109
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA16.8128</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			REFUND CONTRIBUTION

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFERSON TOWNSHIP DEMOCRATIC CLUB		Date of Receipt
	Mailing Address 659 TUXEDO BLVD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	ST LOUIS	MO	63114
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA16.8121</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
			REFUND CONTRIBUTION

<b>C.</b>	Full Name (Last, First, Middle Initial) MIDLAND TOWNSHIP DEMOCRATIC CLUB		Date of Receipt
	Mailing Address 2023 HUNTINGTON		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	OVERLAND	MO	63114
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA16.8124</b>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			REFUND CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 450.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 27	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b>	Full Name (Last, First, Middle Initial) PEOPLE FOR MICHAEL SPRENG		Date of Receipt	
	Mailing Address PO BOX 0972		M M / D D / Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	<b>Transaction ID:</b> SA16.8122
	FLORISSANT	MO	63032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	200.00
Name of Employer		Occupation		REFUND CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1400.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<p><b>A.</b> Full Name (Last, First, Middle Initial) 24TH WARD REGULAR DEMOCRATIC ORGANIZATION</p> <p>Mailing Address 1221 LOUISVILLE AVE</p> <p>City ST LOUIS State MO Zip Code 63139</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8068 <b>Date of Disbursement</b> 03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) 27TH WARD REGULAR DEMOCRATIC ORGANIZATION</p> <p>Mailing Address 6000 WEST FLORISSANT AVE</p> <p>City ST LOUIS State MO Zip Code 63136</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8007 <b>Date of Disbursement</b> 01 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 650.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) ANGIE SINGLER AND CITIZENS FOR RECONNECTING OUR COMMUNITY</p> <p>Mailing Address 4454 DEWEY AVE</p> <p>City ST LOUIS State MO Zip Code 63116</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.7994 <b>Date of Disbursement</b> 01 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1250.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

**A.** Full Name (Last, First, Middle Initial)  
A WHOLE LOT OF MISSOURIANS FOR HOWARD WAGNER

Mailing Address 3099 OAKVALE

City DESOTO State MO Zip Code 63020

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8009

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
CARNAHAN FOR CONGRESS

Mailing Address 7370 MANCHESTER STE 20

City ST LOUIS State MO Zip Code 63143

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8106

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
CENTRAL MISSOURI COMMON SENSE PAC

Mailing Address 209 FLORA DR

City JEFFERSON CITY State MO Zip Code 65101

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8027

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b>	Full Name (Last, First, Middle Initial) CITIZENS FOR BOSLEY  Mailing Address 4257 N 20TH ST  City ST LOUIS State MO Zip Code 63107  Purpose of Disbursement DONATION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8110 Date of Disbursement 03 / 31 / 2009  Amount of Each Disbursement this Period 300.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) CITIZENS FOR MARLENE DAVIS  Mailing Address 3320 LOCUST ST STE 808  City ST LOUIS State MO Zip Code 63103  Purpose of Disbursement DONATION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8040 Date of Disbursement 02 / 20 / 2009  Amount of Each Disbursement this Period 300.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) CITIZENS FOR MATT FITZPATRICK  Mailing Address 17038 REDWOOD GLEN DR  City EUREKA State MO Zip Code 63025  Purpose of Disbursement DONATION  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8001 Date of Disbursement 01 / 16 / 2009  Amount of Each Disbursement this Period 650.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR SHANE COHN</b>	<b>Transaction ID:</b> SB21B.8042 Date of Disbursement 02 / 20 / 2009	
	Mailing Address PO BOX 2656		
	City ST LOUIS State MO Zip Code 63116	Amount of Each Disbursement this Period	300.00
	Purpose of Disbursement DONATION		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CITIZENS FOR STEVE STENGER</b>	<b>Transaction ID:</b> SB21B.8051 Date of Disbursement 02 / 24 / 2009	
	Mailing Address PO BOX 25118		
	City ST LOUIS State MO Zip Code 63125	Amount of Each Disbursement this Period	300.00
	Purpose of Disbursement DONATION		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CITIZENS TO ELECT DON HUNT</b>	<b>Transaction ID:</b> SB21B.8013 Date of Disbursement 01 / 30 / 2009	
	Mailing Address 66 GARDEN LN		
	City MARYLAND HEIGHTS State MO Zip Code 63043	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement DONATION		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT BILL WATERHOUSE	Transaction ID: SB21B.8003 Date of Disbursement
	Mailing Address 1221 LOUISVILLE AVE	<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City ST LOUIS State MO Zip Code 63139	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT JOE CLARKSON	Transaction ID: SB21B.8109 Date of Disbursement
	Mailing Address 164 GORGET DR	<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City TROY State MO Zip Code 63379	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MATTHEW G. ROBINSON	Transaction ID: SB21B.8024 Date of Disbursement
	Mailing Address 723 BELL FLOWER DR	<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City HAZELWOOD State MO Zip Code 63042	Amount of Each Disbursement this Period
	Purpose of Disbursement DONATION	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT REBECCA MCCLANAHAN	Transaction ID: SB21B.8057 Date of Disbursement 02 / 24 / 2009
	Mailing Address PO BOX 634	Amount of Each Disbursement this Period 300.00
	City KIRKSVILLE State MO Zip Code 63501	
	Purpose of Disbursement DONATION	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT REED	Transaction ID: SB21B.8108 Date of Disbursement 03 / 31 / 2009
	Mailing Address 415 N TUCKER	Amount of Each Disbursement this Period 250.00
	City ST LOUIS State MO Zip Code 63103	
	Purpose of Disbursement DONATION	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT CHARLES QUINCY TROUPE	Transaction ID: SB21B.8005 Date of Disbursement 01 / 30 / 2009
	Mailing Address 5353 N UNION	Amount of Each Disbursement this Period 300.00
	City ST LOUIS State MO Zip Code 63115	
	Purpose of Disbursement DONATION	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO RE-ELECT CHARLES QUINCY TROUPE</b>	<b>Transaction ID:</b> SB21B.8044 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	4		2	0	0	9														
	Mailing Address 5353 N UNION		Amount of Each Disbursement this Period																				
	City ST LOUIS State MO Zip Code 63115		100.00																				
	Purpose of Disbursement DONATION																						
	Candidate Name		Category/ Type																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:																						
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO RE-ELECT LARRY FULLER</b>	<b>Transaction ID:</b> SB21B.7998 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		1	6		2	0	0	9														
	Mailing Address 9939 CALUMET DR		Amount of Each Disbursement this Period																				
	City ST LOUIS State MO Zip Code 63137		300.00																				
	Purpose of Disbursement DONATION																						
	Candidate Name		Category/ Type																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:																						
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>DOOLEY FOR ST LOUIS COUNTY</b>	<b>Transaction ID:</b> SB21B.8046 Date of Disbursement	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		2	4		2	0	0	9														
	Mailing Address PO BOX 16648		Amount of Each Disbursement this Period																				
	City CLAYTON State MO Zip Code 63105		5000.00																				
	Purpose of Disbursement DONATION																						
	Candidate Name		Category/ Type																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
	State: District:																						

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5400.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

**A.** Full Name (Last, First, Middle Initial)  
FERGUSON TOWNSHIP OPEN DEMOCRATIC CLUB

Mailing Address 202 SO ELIZABETH AVE

City FERGUSON State MO Zip Code 63135

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8049

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

300.00

**B.** Full Name (Last, First, Middle Initial)  
FRANKLIN COUNTY DEMOCRATIC CENTRAL COMMITTEE

Mailing Address PO BOX 274

City UNION State MO Zip Code 63084

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8039

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

300.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS FOR FRAN GRECCO

Mailing Address 3882 PERSHALL RD STE 202

City FERGUSON State MO Zip Code 63135

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8112

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

900.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<b>A.</b>	Full Name (Last, First, Middle Initial) FRIENDS FOR JOE FALLERT  Mailing Address 17079 STATE RT B  City STE GENEVIEVE State MO Zip Code 63670 Purpose of Disbursement DONATION Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8099 Date of Disbursement 03 / 24 / 2009	Amount of Each Disbursement this Period 300.00
<b>B.</b>	Full Name (Last, First, Middle Initial) FRIENDS FOR JOHN GREEN  Mailing Address 621 PRIGGE RD  City ST LOUIS State MO Zip Code 63138 Purpose of Disbursement DONATION Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.7996 Date of Disbursement 01 / 16 / 2009	Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) FRIENDS OF JAMES JONES JR  Mailing Address 11109 PATSY DR  City AFFTON State MO Zip Code 63123 Purpose of Disbursement DONATION Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.8079 Date of Disbursement 03 / 13 / 2009	Amount of Each Disbursement this Period 300.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1100.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 19 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

A.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF JIM MURPHY</b>	<b>Transaction ID:</b> SB21B.8034 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9	
	Mailing Address <b>7808 WINWARD DR</b>		Amount of Each Disbursement this Period <b>300.00</b>
	City <b>ST LOUIS</b> State <b>MO</b> Zip Code <b>63121</b>		
	Purpose of Disbursement DONATION		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF KEITH SCHILDROTH</b>	<b>Transaction ID:</b> SB21B.8026 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 9	
	Mailing Address <b>40 ST ALICE LN</b>		Amount of Each Disbursement this Period <b>325.00</b>
	City <b>FLORISSANT</b> State <b>MO</b> Zip Code <b>63031</b>		
	Purpose of Disbursement DONATION		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF SHOEMYER</b>	<b>Transaction ID:</b> SB21B.8077 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9	
	Mailing Address <b>16350 MONROE RD 184</b>		Amount of Each Disbursement this Period <b>1000.00</b>
	City <b>CLARENCE</b> State <b>MO</b> Zip Code <b>63437</b>		
	Purpose of Disbursement DONATION		
	Candidate Name	Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**1625.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS TO ELECT SYLVESTER TAYLOR

Mailing Address 12756 ORLEY DR

City ST LOUIS State MO Zip Code 63033

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8004

Date of Disbursement

01 / 22 / 2009

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS TO ELECT TOM SANSEVERE

Mailing Address 18 NO ELIZABETH

City FERGUSON State MO Zip Code 63135

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8028

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS TO RE-ELECT BEN HERNANDEZ

Mailing Address 3350 ROCKINGHAM DR

City FLORISSANT State MO Zip Code 63033

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8030

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1800.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<p><b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS TO RE-ELECT BENNICE JONES KING</p> <p>Mailing Address 4300A LEE AVE</p> <p>City ST LOUIS State MO Zip Code 63115</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8037</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) HOUSE CAPITOL DEMOCRAT INNER CIRCLE</p> <p>Mailing Address 1003 BOONVILLE RD</p> <p>City JEFFERSON CITY State MO Zip Code 65109</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8022</p> <p>Date of Disbursement 02 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JEFFERSON COUNTY LABOR/POLITICAL COMMITTEE</p> <p>Mailing Address 7859 ASHWOOD</p> <p>City BARNHART State MO Zip Code 63012</p> <p>Purpose of Disbursement DONATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8029</p> <p>Date of Disbursement 02 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 400.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

**A.**

Full Name (Last, First, Middle Initial)  
JOHN KNOWLES FOR SCHOOL BOARD

Mailing Address 716 N ELIZABETH AVE

City FERGUSON State MO Zip Code 63135

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8032

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
JUSTUS FOR STATE SENATE

Mailing Address 3521 KENWOOD AVE

City KANSAS CITY State MO Zip Code 64109

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8075

Date of Disbursement

03 / 13 / 2009

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
MCCULLOCH FOR PROSECUTOR

Mailing Address PO BOX 220428

City ST. LOUIS State MO Zip Code 63122

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8107

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1750.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

**A.** Full Name (Last, First, Middle Initial)  
MISSOURI DEMOCRATIC PARTY

Mailing Address PO BOX 719

City State Zip Code  
JEFFERSON CITY MO 65102

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8056

Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
PARENTS TO ELECT DESIREE D WHITLOCK

Mailing Address 2237 HERITAGE DR

City State Zip Code  
ST LOUIS MO 63136

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8010

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

650.00

**C.** Full Name (Last, First, Middle Initial)  
ROBIN CARNAHAN FOR SENATE

Mailing Address PO BOX 50378

City State Zip Code  
ST LOUIS MO 63105

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8072

Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

10650.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

A.

Full Name (Last, First, Middle Initial)

SLAY FOR MAYOR

Mailing Address PO BOX 23039

City ST. LOUIS State MO Zip Code 63156

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8048

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

SLAY FOR MAYOR

Mailing Address PO BOX 23039

City ST. LOUIS State MO Zip Code 63156

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8090

Date of Disbursement

03 / 23 / 2009

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

ST CHARLES DEMOCRATIC CLUB

Mailing Address 235 JUNGERMANN RD

City ST CHARLES State MO Zip Code 63376

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8074

Date of Disbursement

03 / 09 / 2009

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶

6300.00

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

A.

Full Name (Last, First, Middle Initial)

TRI-COUNTY LABOR/LEGISLATIVE CLUB

Mailing Address 20 SUNNYVIEW DR

City State Zip Code  
ST PETERS MO 63376

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8002

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

525.00

SUBTOTAL of Disbursements This Page (optional) .....

525.00

TOTAL This Period (last page this line number only) .....

38500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

<p><b>A.</b> Full Name (Last, First, Middle Initial) AFRICAN AMERICAN CAUCUS FOUNDATION</p> <p>Mailing Address 6000 W FLORISSANT</p> <p>City ST LOUIS State MO Zip Code 63136</p> <p>Purpose of Disbursement INAUGARAL BALL TICKETS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.8133</p> <p>Date of Disbursement 01 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1250.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DIRT CHEAP AFFTON</p> <p>Mailing Address 8455 GRAVOIS</p> <p>City AFFTON State MO Zip Code 63123</p> <p>Purpose of Disbursement REFRESHMENTS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.8146</p> <p>Date of Disbursement 01 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 113.49</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE</p> <p>Mailing Address PO BOX</p> <p>City OGDEN State UT Zip Code 84201</p> <p>Purpose of Disbursement 2008 1120 POL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB29.8139</p> <p>Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 59.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1422.49

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ELECTRICAL WORKERS VOLUNTARY, POL, EDU & LEG FUND IBEW LOCAL UNION NO 1

A.

Full Name (Last, First, Middle Initial)  
MISSOURI DIRECTOR OF REVENUE

Mailing Address P O BOX 700

City State Zip Code  
JEFFERSON CITY MO 65105

Purpose of Disbursement  
2008 MO-20

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.8140

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....